## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial no. 101598, 241 FILING DATE

8-22-06

TO-875) APPLICANT

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		<b>4</b>	1	<u> </u>		<b>4</b>
TOTAL CLAIMS		**************************************	2			

5	AS FILED		AFTER 1"AMENDMENT		AFTER 2 <sup>101</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL		10 開東 11	,	Marin Marin		
CLAIMS	<u> </u>	U.S. DEPAI	RTMENT of	COMMERCE	<u> </u>	\$1.00 mg Ap

PTO - 1360 (REV. 11/04) Barbara Campbell, PCT National Stage

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